1



State of Idaho

Ben Ysursa Secretary of State

L	O	BB	Y	IS	T	\mathbf{N}	I(N		Ł	L	Y	R	U	C.	P	O	H	₹	Т]	F)	O	F	LI.	٧

To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page___of___Page(s)
THIS SPACE FOR OFFICE USE ONLY

07 MAR -8 AN 10: 30 STATE OF TOAHO

(Type or print clearly in black ink)

		•	bottom of page												
Lobbyist	's name and p	ermanent busine	Date prepared				Period covered								
Ro	d Leslie								/ month ending						
11	11 S Orcha	ard St. Ste2	45												
Во	ise, ID 837	05			3/08/20	07		(Mo.)) (Day)	(Yr.)					
							02	28	2007						
Item 1	Totals	of all reportat	yist or by Lobbyist's Employer on behalf of Lobbyist's Employer.												
	tegory of Ex	penditure		Proportio	oportionate amounts contributed by each employer (Identify employers, under										
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity *Total Amount for All Employers					t bottom of	page.))	.,							
	Not Have to be			Employer No. 1			Employer No. 2	Em	ployer No	3 Employer No		r No. 4			
Entertai	nment				0.00										
Food ar	nd Refreshme	ent	\$	\$	0.00	\$		\$			\$				
Living A	Accommodati	ons			0.00	. .									
Adverti	sing				0.00	. .									
Travel					0.00										
Telepho	one.				0.00										
_	xpenses or Se			MINIMANIA	0.00					***************************************		M () M () M () () () () () () (
Other E	xpenses or se	ervices													
		Total	s 0.00	\$	0.00	\$	0.00	s	(0.00	\$	0.00			
		, , , ,		,				"							
*When	the number o	f employers yo	u are reporting for requir	es multiple	L-2 forms	to be	filed a total amoun	t for all	employer	s shoule	d be entered	on Page 1.			
ltem			ture of more than fifty d				other holder of pu	blic offi	ce, and e	xecutiv	e officials.				
2	Date		Place		Amou	unt	Names of Legis	lators, P	ublic and	Execut	ive Officials	in Group			
	,														
П	 Continued on	attached page(s)	1												
		1 2 ()				Item	Fir	Employer(s) Name(s) and Address(es)							
		INST	RUCTIONS		<u> </u>	3									
					No.	NO. 1 AMERICAN LUNG ASSOC,									
	o should file 617 Idaho Co	this form: A ode	on	•	-		J								
		: Monthly re ies of the past	ports due within ten (o. 2											
то	BE FILED W	VITH:													
		В	en Ysursa	No. 3											
			etary of State Box 83720					.,							
			ID 83720-0080		No	No. 4									
	Phon	e: (208) 334-2	852 Fax: (208) 334-2												

Item 4				in the nature of contributions of money or other tangible or intangible for or on behalf of any Legislator, Public or Executive Official.									
4	Date	Amount		Name of Legislator, Public or Executive Official Receiving or Benefiting									
Item 5	Subject matt or House Bi	er of proposed legislat	ion, the number of the Senate legislative activity in which	Code Si	LEGISLATIVE SUB	JECT Code	IDENTIFICATION Subject						
Subject (from		Resolution or Other lative Ident. Number	Appropriation Bill Number and Section Number		griculture, horticulture, rming, and livestock	17	Health service, medicine, drugs and controlled substances, health						
3.		H0121		ar a	V		insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify) The Art Art Art Carbon and the complete and						
6		cess, financial service	ision, procurement, contract, es or bond lobbyist was	cor	rect statement in accordance w Los Serbi obyist signature								